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**BIB DATA SHEET**
**CONFIRMATION NO. 8837**

<b>SERIAL NUMBER</b> 08/878,908	<b>FILING or 371(c) DATE</b> 06/19/1997 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> VAS.0002US		
<b>APPLICANTS</b> KARL-LUTZ LAUTERJUNG, MUNICH, GERMANY;						
<b>** CONTINUING DATA *****</b>						
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 196 24 642.3 06/20/1996 GERMANY 196 33 588.4 08/20/1996						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /PAUL B PREBILIC/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> TROP, PRUNER & HU, P.C. 1616 S. VOSS ROAD, SUITE 750 HOUSTON, TX 77057-2631 UNITED STATES						
<b>TITLE</b> PROSTHETIC REPAIR OF BODY PASSAGES						
<b>FILING FEE RECEIVED</b> 3178	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			